

Case Number:	CM15-0148491		
Date Assigned:	08/11/2015	Date of Injury:	03/10/2008
Decision Date:	09/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old female, who sustained an industrial injury on 3-10-2008. Diagnoses include cervical pain and radiculopathy. Treatment to date has included diagnostics, radiofrequency ablation at the C4, C5 and C6 medial branch nerves (4-28-2015), stretching and medications including Gabapentin, Nortriptyline, Nucynta, Ondansetron, Percocet and Senna. Per the Primary Treating Physician's Progress Report dated 4-28-2015, the injured worker reported cervical pain with numbness and tingling, and radicular pain in the right and left arm with weakness. Physical examination revealed pain in the right trapezius and supraspinatus muscles with spasm present. There was full range of motion of the cervical spine and right shoulder without difficulty. There as pain to palpation over the C2-3 and C5-6 facet capsules right, secondary myofascial pain with triggering, ropey fibrotic banding and spasm, pain with rotational extension indicative of facet capsular tears bilateral. The plan of care included medication management and authorization was requested for Percocet 5-325mg #90, Nucynta 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. The claimant had been on Oxycontin and Oxycodone for the past year. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there was no mention of intolerability to Percocet which contains Oxycodone. The claimant was on Percocet along with the Nucynta. The length of prior Nucynta is also unknown. He continued use of Nucynta is not justified and not medically necessary.